



807 Farson Street
Suite 101
Belpre, OH 45714
P: 740-401-0090
F: 740-401-0258

CONSORTIA SERVICES

In regard to U.S. DOT FMCSA Regulations

Description of Consortia Services and Process of Selection

Marietta Occupational Health Partners offer a consortium service to companies that are required to conduct random drug and/or breath alcohol testing under the U.S. Department of **Transportation Federal Motor Carrier Safety Administration (FMCSA)** regulations.

Each company requesting consortium assistance in the selection of safety sensitive drivers/employees for random drug and/or breath alcohol testing agrees to cooperate fully in the registration of employees, limit access of information of those selected to a limited number; notify selected employees of the requirement for random testing and keep Marietta Occupational Health Partners notified of any employee deletions or additions in a timely manner.

U.S. Department of Transportation FMCSA rules currently require yearly random drug testing representing 50 percent of safety sensitive drivers/employees. In addition, 10 percent of safety sensitive drivers/employees are required to be subject to yearly random breath alcohol testing. To simplify the process, those chosen for drug screening will coincide with those needing alcohol testing.

It is the responsibility of Marietta Occupational Health Partners to insure that adequate names are selected to represent the 50 and 10 percent requirements on a yearly basis. A quarterly report will be completed showing the number of safety sensitive drivers/employees eligible and the number selected for testing.

Marietta Occupational Health Partners will keep confidential information regarding the names and number of employees registered from each company, the number of employees and their names selected from each company and any other records that may be generated resulting from participation in a consortium.

Marietta Occupational Health Partners will maintain a computer database for name of company, person designated to receive notification of selections, an alternate person designated to receive notifications, the full mailing address, telephone number and fax number. Information for employees to be placed in the selection pool will consist of full name, birth date, social security or other identifying number.

All Safety-Sensitive employees in the random pool will have an equal chance of being selected for testing and will remain in pool even after being tested (*it is possible for some employees to be tested several times in one year, and other employees not be tested for several years*).

The selection process will proceed according to the following:

1. A minimum of 50 percent of the total will be identified as the yearly objective to be selected for drug testing. A slightly higher percentage may be selected to ensure percentage requirements to provide for potential canceled tests due to terminations, turnover, absences due to medical issues, etc.

NOTE: This number is subject to change quarterly based upon the total number registered.

The percentage is also subject to change annually from the U.S. Department of Transportation FMCSA.

2. One quarter of the 50 percent will actually be selected each quarter for drug testing, and one quarter of 10 percent will be chosen for alcohol testing as well. To simplify the process, those chosen for drug screening will coincide with those needing alcohol testing.
3. A quarter is defined as follows: January 1 to March 31; April 1 to June 30; July 1 to September 30; and October 1 to December 31.
4. In order to emphasize the randomness of the drawing, names will be selected during each quarter but not on a particular day or date.

If an employee is off work due to layoff or a long-term illness or injury, their name is not removed from the selection pool. Documentation that the employee is off because of layoff, illness, or injury should be made and faxed to Marietta Occupational Health Partners as soon as possible after receipt of the random selections.

If an employee is on vacation when randomly selected, the test should be deferred until they return, but should still be done within that quarter.

You may choose to belong to a group with other companies or you may choose to stand-alone in your own company random pool (*with 5 or more employees*). It is possible if in a group company consortium, your company may receive a selection greater than 50%/10 % of your covered employees for the year. However, it is also quite possible your company may receive less than 50%/10 % for the year, yet your company will remain in compliance due to participation in a group consortium. Only you can decide which pool is right for your company.

In the event an owner/operator is a member of the consortium and randomly selected, the owner/operator will be notified, and it is their responsibility to arrive at a testing site for drugs and/or breath alcohol testing within the recommended time frame. (*Please refer to DOT 49 CFR Part 40 guidelines.*)

Consortia Can Provide:

- Assistance in policy/procedure development.
- (Must provide) Random selection using computerized random pools with driver's social security number, payroll identification number or other comparable identifying number.
- Record Keeping:
 - Selection Process - 2 years
 - Drug Testing Results: (Negative results – retained for minimum of 1 year)
(Verified Positive Results – retained for minimum of 5 years)
- Testing:
 - DOT regulated drug screening with confirmation of drug(s) through GC/MS
 - DOT Breath Alcohol Testing with confirmation of alcohol using an Evidential Breath Testing Device (EBT) with printout within 15 minutes of first test
- Forms:
 - Collector Certifications
 - EBT Logbooks
 - Calibration Records
 - Testing Forms
- Reports:
 - Requested reports will be provided at a minimum of 48 hours notice.
- Medical Review Officer (MRO) Services
- Referral to Substance Abuse Professional (SAP)

Consortia will need from each company:

- Name of each employee
- Social Security Number and CDL/CLP Number for each driver

Company agrees to notify consortia at the end of the quarter of any deletions/additions before the next quarterly picks.

Consortium agrees to maintain a current list of eligible employees for drug and/or alcohol testing.

Employees will be selected at random, names to be drawn on a minimum quarterly basis. FMCSA regulations currently require 50 percent of the safety sensitive drivers/employees to be randomly selected for drug testing and 10 percent of the safety sensitive drivers/employees to be randomly selected for alcohol testing.

The company will designate one person and one alternate to receive the names of selected drivers. The names and identifying number will be sent to the company representative by certified mail, deliver to addressee only, return receipt requested per United States Postal Service.

It will be the company's responsibility to notify selected drivers that they are to report for drug and/or alcohol testing.

Marietta Occupational Health Partners consortia will not be responsible for any failure by company to notify selected employees/drivers of the need for testing in a timely manner.

A composite selection schedule will be maintained to insure that sufficient names are selected each drawing period.



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Agreement of Participation

Random Drug and Breath Alcohol Testing Consortium

Marietta Occupational Health Partners will provide a consortium service to companies that are required to conduct random drug and/or breath alcohol testing under the U.S. Department of Transportation Federal Motor Carrier Safety Administration (FMCSA) regulations.

Marietta Occupational Health Partners agrees to:

1. Maintain a collective computer database identifying companies participating in the consortium and employees subject to testing under U.S. Department of Transportation FMCSA regulations.
2. Randomly select sufficient safety sensitive drivers/employees for drug and/or breath alcohol testing.
3. Notify designated person(s) for each company by certified mail, return receipt requested.
4. Keep confidential information about each company and the number of employees registered.

By requesting consortium services and participating in such consortium, **“Company”** agrees to:

1. Designate one person and one alternate to receive the names of selected employees.
2. Provide Marietta Occupational Health Partners the following information:
 1. Full name of each safety sensitive employee/driver
 2. Birth Date
 3. Social security number and CDL/CLP number
3. Adhere to United States Postal service regulations regarding receipt of certified, deliver to addressee only mail notifications.
4. Notify safety sensitive drivers/employees of their random selection.
5. Advise Marietta Occupational Health Partners of any additions/deletions to eligible pool.

Marietta Occupational Health Partners are neither liable for actions of “Company” nor limited to:

1. Failure of “Company” to register eligible safety sensitive drivers/employees.
2. Failure of “Company” to adhere to United Postal Service regulations regarding receipt of certified, deliver to addressee only notifications.
3. Failure of “Company” to advise additions or deletions to the pool of eligible safety sensitive drivers/employees.
4. Failure of “Company” to notify selected employees in a timely manner.

One time set up fee of \$65.67

Fees for consortium are billed on a yearly basis in July.

Less than 10 employees	\$18.81per employee per year
11-50 employees	\$188.03 per year
51-100 employees	\$250.72 per year
101-150 employees	\$313.40 per year
151-200 employees	\$376.09 per year
201-300 employees	\$438.77 per year
301-400 employees	\$501.45 per year
401-500 employees	\$564.13 per year

Fees for additional services are as follows: (subject to change without notice):

DOT Drug Test	\$73.79
Breath Alcohol Testing (including confirmation)	\$34.90

For the additional following services Tina Nolen, SAP at Marietta Occupational Health, may be contacted directly at (740) 568-5401.

Assistance in policy and procedure development
 Training for Supervisors
 Educational session for employees
 SAP Evaluation

Designated Employer Representative Signature _____ Date _____

Company Name _____

Donna R. Marenchin _____ Date _____
 Marietta Occupational Health Partners/dmarenchin@mhsystem.org



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Consortium Registration Information

Date: _____

Company Name: _____

Mailing Address: _____

Location Address (If different than mailing address): _____

Designated person to receive selection notification: _____

Telephone Number: _____ Fax: _____

E-Mail address: _____

Alternate designated person to receive notification: _____

Telephone Number: _____ Fax: _____

E-Mail address: _____

Number of safety sensitive drivers/employees for random selection pool: _____

Please choose one of the following to join:

_____ Consortium Group Pool

_____ Own Company Pool (*with five or more employees*)



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Registration for safety sensitive drivers/employees under U.S. DOT FMCSA Regulations

Date: _____

Company: _____

Address: _____

Phone Number: _____

Employee Full Name (Last, First, Middle)	Birth Date (Month/Day/Year)	Social Security and CDL/CLP Number
1. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
2. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
3. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
4. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
5. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
6. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
7. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____
8. _____	_____ CDL/CLP # with State:	_____-_____-_____ _____



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GENERAL COMPANY INFORMATION:

Company Name: _____
Company Address: _____
Contact Name: _____
Contact Email: _____
Company Phone: _____ **Company Fax:** _____
Billing Contact: _____

DRUG & ALCOHOL TESTING INFORMATION:

Designated Employer Representative (DER): _____
DER Phone: _____ **After Hours Phone:** _____
DER Secure Fax: _____

Different Billing Address? **Yes** **No** **If Yes, List Address Here:**

Results Sent Via: **Fax** **Mail** **E-Mail**

Testing Reasons:

- Pre-employment
- Random
- Reasonable Suspicion
- Post Accident
- Return to Duty (returning after a positive test)
- Follow-Up (testing done randomly after positive test)

If Post Accident Testing Required: **Drug Screen Only** **Drug Screen & Breath Alcohol**

Time Frame to Cease Drug and/or Alcohol Testing: _____
(DOT regs. regarding testing after an accident: After 32 hours - cease drug testing; after 8 hours - cease breath alcohol testing.)

Drug Screen Panel for Non-DOT: **5 Panel** **7 Panel** **8 Panel** **9 Panel** **10 Panel**
 9 Panel with Oxycodone **9 Panel with Oxycodone & Expanded Opiates**